

# NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan), (NIEPMD)

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)  
ECR, Muttukadu, Kovalam Post, Chennai - 603 112, Tamil Nadu

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18004250345

Website: [www.niepmd.tn.nic.in](http://www.niepmd.tn.nic.in) E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

## VACANCY NOTIFICATION: CONSULTANT (TEMPORARY) No. 04/2021

Date: 29.04.2021

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage staff Members (on contract) in the Dept. of Therapeutics and Dept. of Speech Hearing & Communication

**Venue:** NIEPMD, East Coast Road, Muttukadu, Chennai-603 112.

**Date:** 13.05.2021

**Time:** 11.00 AM

(Room No. 52 for Tutor, Dept. of Therapeutics, 1<sup>st</sup> Floor NIEPMD)

(Room No. 68 for Asst. Professor (A&SLP), Dept. of SHC 2<sup>nd</sup> Floor NIEPMD)

Name of the Position	No. of Vacancies	Qualification	Remuneration
Asst. Professor (Audiology & Speech Language Pathology) (Consultant)	01	<b>Essential:</b> 1. M.Sc (Sp & Hg)/ MASLP /M.Sc (Audiology) /M.Sc (SLP) or its equivalent. 2. Minimum 3 years of experience in teaching/Clinical/ Research in the field of rehabilitation. 3. Valid RCI registration. <b>Desirable:</b> Ph. D in core area and publications.	Rs. 44,000/- per month (Consolidated)
Tutor (Consultant)	01	<b>Essential:</b> i. Bachelor in Occupational Therapy. (Full Time) ii. Minimum two years of experience in the relevant field. <b>Desirable:</b> Possessing any RCI recognized qualification.	Rs. 30,800/- per month. (Consolidated)

\* (Audiology & Speech Language Pathology)

**Note:**

- This engagement will be purely temporary and only for a period of 11 months and the engagement will cease after the 11<sup>th</sup> month without any notice. Renewal of engagement for further 11 months is subject to project need and performance.
- The incumbent will be paid consolidated honorarium only. No other allowances such as DA/ HRA/ MA/ GPF/ NPS and other allowance will be admissible.
- The incumbent will have **NO RIGHT** to claim for any regularization or extension/ renewal of engagement in any circumstances.
- Candidate to bring filled in application in the prescribed format (Attached).
- Candidates to report with all testimonials/certificates in original and one set of self-attested true copies. Two passport size photographs. Aadhar or any valid ID proof.
- The Candidates are requested to report before **11.00 A.M** on **13.05.2021**.

**Sd/-  
DIRECTOR  
NIEPMD**



**National Institute for Empowerment of Persons with Multiple Disabilities**  
**(Dept. of Empowerment of Persons with Disabilities (Divyangjan),**  
**Ministry of Social Justice & Empowerment, Govt. of India)**  
**East Coast Road, Muttukadu, Kovalam (Post), Chennai-603 112.**  
**Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113.**  
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Website: [www.niepmd.tn.nic.in](http://www.niepmd.tn.nic.in)

E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

### Application form

Recent Passport  
size Photograph  
(5 cm X 4.5 cm) to  
be affixed  
&attested

**Post Applied For:**

1. Advertisement No/Date:
  
2. Name in Applicant:  
(in full Block Letters):
  
3. Date of Birth:  
(enclose Copy of Certificate)

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4. Citizenship Status :  
(Please Tick)

Citizen of India
By Birth 
By Domicile

  
5. Aadhaar No:
  
6. RCI/MCI Registration No:  
(Applicable in case of Faculty & Technical Positions)
  
7. Name of Father/Spouse:
  
8. Nationality:

Indian 
Foreign 
NRI

  
9. Gender:

Male 
Female 
others

  
10. Category :  
(Attach certificate)

SC 
ST 
OBC 
General 
Ex-Service man

  
11. Are you Persons with Disability: Yes  No  OH  VI  HI  others

(If yes, mention the category of Disability with relevant Certificate )





16. Why you think you are suitable for the post you have applied for (Details within one page):

17. Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address with Phone No & Mail ID
1	
2	
3.	

18. Any other relevant information the applicant want to mention, if any (attach additional sheets if necessary):

**DECLARATION OF THE APPLICANT**

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at a later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place :

Date :      
D D M M Y Y Y Y

Signature of the Applicant